

Testimony of Steven L. Goldman, DPM, MBA, DABFAS, DABPM, FACFAOM, FACHE

Before the Subcommittee on Health of the US House Committee on Veterans' Affairs

2.May.2017

Personal Statement:

Dr. Chairman, Ranking member, Distinguished Members of Congress and Guests;

At the outset I would like to express my appreciation for the honor to address this committee today. In discussing this topic, I do so as a private citizen and not as the Chief of Podiatry and Director of a Podiatry Residency training program at a Veterans Affairs Medical Center. I do so not as the former interim Chief of Surgery or the Site Director for Surgical Services at a second VA facility, and I do so not as a retired Lt Colonel in the United States Air Force Reserve who served as a podiatrist and also as Surgical Operations Squadron Commander for the last four years of my 20 year Air Force career. I am testifying as a private citizen, one who graduated almost 35 years ago and was an Associate Professor at the New York College of Podiatric Medicine for nearly 15 years, during which time I witnessed firsthand the metamorphosis of my profession. I am currently the President of the American Board of Podiatric Medicine and in this position I represent thousands of podiatrists around the country, many of whom are employed by the Federal Government. As a veteran, I am now also a consumer of the medical services of the system about which you have invited me here today to testify.

I have witnessed the best of our profession as it has grown over the past 35 years since I graduated in 1982. I am in awe of how far we have come. Today, all graduating podiatrists are three-year residency trained in podiatric medicine and surgery, and we are integral parts of the collaborative health care delivery system, providing essential services alongside our distinguished allopathic and osteopathic specialists. Today's podiatrists manage the complex nature of foot and ankle deformities and are part of the multidisciplinary team serving the needs of a seemingly ever-growing diabetic population. We take call, provide inpatient and outpatient care, respond to emergencies, prescribe medications, and independently perform surgery of the foot and ankle. Fundamentally, we perform a vital role in the continuum of health care equal to other physicians, often for a patient population whose only choice for healthcare is the VA. More often than not, those patients present with more multiple comorbidities than the average population. In the Veterans' Administration, podiatry is often the first specialty consulted for foot and ankle care services, and we provide more of these services than any other specialty.

Podiatrists in the private sector have witnessed salaries commensurate with the profession's growing skills. By contrast, salaries in the Veteran's Health Administration (VHA) have not kept pace, and the gap grows larger every day. Podiatrists in 42 percent of the regions across the country have reached legislatively capped rates of pay under VHA. What that practically means is that a podiatrist at the absolute top end of the pay charts will earn exactly the same as much less senior podiatrist, and with no hope of ever being further remunerated commensurate with the added time of service or experience. Podiatrists are defined as physicians under Title XVIII of the Social Security Act §1861(r)(3) [42 U.S.C. 1395x] *. The VA definition of podiatry is a vestige of a 41-year-old, antiquated, 1976 VA Omnibus Bill, and is sorely outdated.

Consequently, podiatry salaries under the Veterans Health Administration are locked into the same 41-year-old pay scale. As a result, it is becoming increasingly harder to fill positions and keep people with vital skills under VHA. I think we can all agree that all of us, but particularly our veterans, deserve the very best of care. When looking at the bell curve for salaries in podiatry on salary.com, virtually no matter where you look by zip code, podiatry salaries in federal services are in the lowest 10-15 percent of that curve.

Podiatrists in leadership positions within the administration have been members of pay panels, making salary decisions for their medical colleagues who enjoy salaries that are, at the very least, 40 percent greater than the top-end of VHA podiatry salaries.

Heretofore, the demographic for those seeking employment under VHA used to be Board Certified, seasoned professionals who came with many years of experience and who wanted to make careers in federal services. Podiatrists currently employed by VHA remain in the system primarily for one of two reasons; either they have a refined sense of purpose and wish to give of themselves out of a sense of commitment to our veterans, or they do so because they themselves are veterans and they are compelled by a continued service mission, tending to the medical needs of their comrades in arms. I have said many times, the Veterans' Administration hospital system is the only healthcare system that I have ever known where you will see a patient with one leg being pushed to his or her appointment in a wheelchair by a patient or volunteer with one arm, and they don't know each other. Veterans truly get this. These goodhearted providers are getting harder to find and even harder to keep.

Podiatrists with less than 10 years of experience make up 66 percent of the new hires at VHA. The VHA podiatry workforce has effectively become the private sector's farm team now being filled by younger, often non-Board Certified providers who seek to acquire the required case volume and diversity to qualify to sit for their Board Certification examinations and, after passing, take those skills to the private sector where they can make a fair wage in order to repay a student debt burden that averages, and often exceeds, \$194,000. Specifically, in 2016, only 30 percent of new hires were Board Certified. Until we can offer better compensation, this has, and will continue to trickle down to affect patient access because skilled, Board certified, experienced practitioners can manage larger patient populations more efficiently than inexperienced, younger professionals. To make matters even worse, in 2016, the VA's average delay in hiring a podiatrist to fill a vacant position was 14 months – that means 14 months of patients having to seek care elsewhere, or forgo necessary foot and ankle care altogether.

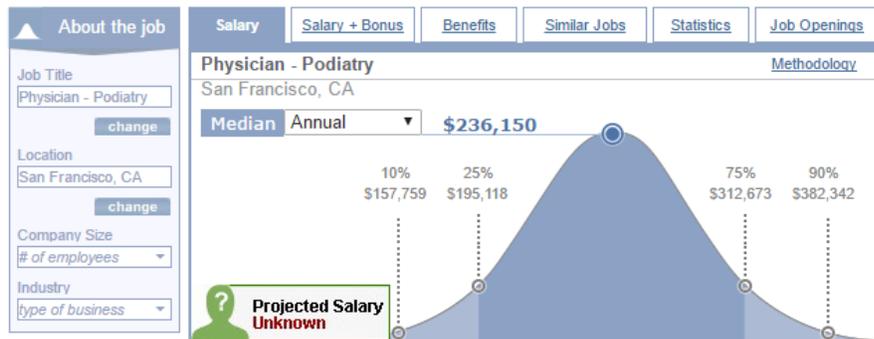
Based on the salary.com data mentioned earlier, the take-away message is that the VA's top performing podiatrists, those making the highest possible salaries in the VA, are paid about 25 percent less than the MEDIAN salaries of their non-VA counterparts, and in most cases, only about half of what the top non-VA performers earn.

SALARY.COM

VA



New York VA Salary Range:
68,666 – 161,900



San Francisco VA Salary Range:
68,666 – 161,900



Chicago VA Salary Range:
66,379 – 161,900



Boston VA Salary Range:
66,317 – 161,900

In hospital leadership positions, both in the public and private sector, podiatrists have had oversight of numerous surgical and medical subspecialties, utilizing an insight of core and fundamental medical and surgical principles. These principles, coupled with consultation and

input from the Chiefs of the respective medical and surgical colleagues that they oversee, provide for an effective leadership model. Should a podiatrist be the Chief of a subspecialty like neurosurgery or orthopedics? The answer has to be, “no more than a neurosurgeon or orthopedist should be the Chief of Podiatry.” But that does not mean that a podiatrist, who is the overall Chief of all of the surgical subspecialties, can’t work with and oversee and provide effective administrative leadership of those departments with collaborative input from the subspecialists with whom they work.

In conclusion, Dr. Chairman, Ranking Member, and members of the Committee, I thank you again for inviting me here to share my thoughts with you all, and for your efforts and your desire to discuss this topic to hopefully right this inequity. I am available to address any questions you may have for me.